

Case Number:	CM14-0025237		
Date Assigned:	06/11/2014	Date of Injury:	10/01/2010
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32-year-old male who reported an injury on 10/01/2010. The mechanism of injury was not provided. The clinical note dated 08/01/2013 noted the injured worker presented with constant pain in the right neck traveling to his right arm, rated as a 5/10 pain. Prior treatment included rest, heat, cold therapy, physiotherapy, and medication. Upon examination of the lumbar spine, there was a positive Kemp's test and a positive facet test bilaterally. There was tenderness to palpation of the sacroiliac joint to the right, tenderness at the buttocks on the right, and tenderness of the pelvic rim on the right. The diagnoses were displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, cervical facet joint syndrome/hypertrophy, displacement of lumbar intervertebral disc without myelopathy, lumbar facet joint syndrome hypertrophy, myalgia, annular tear at C4-5, C5-6, and C6-7, bilateral neural foraminal stenosis - cervical/lumbar, and annular tear at L5-S1. The provider recommended an MRI of the lumbar spine. The rationale was not provided. The request for authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Section.

Decision rationale: The request for magnetic resonance imaging (mri) of the lumbar spine is non-certified. The CA MTUS/ACOEM Guidelines state special studies are not needed unless a 3 or 4-week period of conservative care and observation failed to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. Official Disability Guidelines further state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro compression, recurrent disc herniation). The included medical documents note that reflexes and range of motion were normal with no sensory defects noted. A repeat MRI is only recommended with significant change in symptoms. Therefore, based on the documentation provided, the request for magnetic resonance imaging (mri) of the lumbar spine is not medically necessary.